and social history, I would subsequently discover from more general discussion that in fact the key figure of childhood was often not a parent or sibling at all, but someone whose blood-relationship was more distant or non-existent. I should have thought it was perfectly obvious that a child is much more likely to be disturbed by the death of a much-loved grandparent (or other relative, particularly if living with the family) than by that of a father whom they scarcely know, e.g. from service or other work abroad, or a mother who is out at work all day. In fact, the bereavement need not be a human one at all: if we are really honest, many of us would admit to feeling far more grief over the loss of a pet than for the death of one whom convention should oblige us to regard as our nearest and dearest. Perhaps it is because this is so obvious that it seems to be overlooked unanimously—but to my mind, the failure to consider these points makes all these studies virtually invalid.

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## PSYCHOTHERAPY WITH FAILURES OF PSCHYOANALYSIS

DEAR SIR,

In the February issue of your Journal (pp. 195–200), Melitta Schmideberg complains about the intensive analyses given by psycho-analysts to patients who may not benefit from this type of treatment. She also states that analysts do not use other forms of psychotherapy. Mrs. Schmideberg admits resigning from the International and from the British Psycho-Analytic Society some time ago. This must have happened about 20 years ago, for it is very obvious that she has no knowledge of developments during that time.

What she says applies to the years between the two wars when a small number of trained psychoanalysts had to meet all demands for treatment and confined their work to the method they had learned to master. A lay member like Mrs. Schmideberg's mother, Mrs. Melanie Klein, would not wish to apply other psycho-therapeutic approaches, nor were lay analysts trained to apply them at that time.

During the last 20 years the number of psychoanalysts employed in the Health Service has steadily increased, and at present the majority of medical analysts and analytically trained psychologists are working part-time in hospitals, in out-patient and in child-guidance clinics. They are skilled in choosing the method of treatment most likely to benefit a specific case. Besides, it is well-known that full analysis is not easily available.

When Dr. Edward Glover published his book in 1952, it was true that little research had been carried out at that time. This is no longer the case, and analysts, myself included, would carefully assess the suitability for analysis of each patient seen for diagnostic purposes.

What Melitta Schmideberg overlooks is the fact that there are neurotic as well as physically ill patients who cannot be cured. If they are enabled to work and to keep their place in the social environment this may be a therapeutic achievement as much worthy of effort as keeping a patient crippled by arthritis from becoming bed-ridden.

All new treatments are greeted with exaggerated hopes, as for instance ECT, lobotomy and behaviour therapy. So was psycho-analysis, which has remained the most consistent theory of mental functioning and the best therapy for the psycho-neuroses.

Like Edward Glover, I feel we cannot always set our sights too high and expect perfect cures, but Melitta Schmideberg apportions blame if patients are not cured by analysts and implies that they would have been cured had they come to her in the first place. A moot question.

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DEAR SIR,

Dr. Abraham's somewhat curiously worded statement 'Mrs. Schmideberg admits resigning from the International and from the British Psycho-Analytic Society some time ago. This must have happened about twenty years ago . . . ' is incorrect. I resigned in 1964, when I returned to London for good after having lived and worked in New York from 1949 to 1961.

I agree with many of Dr. Abraham's points, e.g. that psychonalysis has been oversold, that psychoanalysts should have medical training and be able to use other therapeutic approaches as well, that patients should be carefully diagnosed before they are accepted for treatment, that there are neurotics who cannot be cured, and that partial improvements are also valuable.

However, it has not been substantiated that 'psycho-analysis . . . is the best therapy for the psychoneuroses', and, while it is probably true that 'psycho-analysis has remained the most consistent

theory of mental functioning', it is as yet unproved that this 'consistent' theory is also a correct one.

Interesting as these issues are, they have little bearing on the main theme of my paper which is highlighted by its title 'Psychotherapy with Failures of Psychoanalysis'.

In this country only relatively few patients have been analysed, and hence the number of failures is bound to be limited (though it may be larger than we know). But in the U.S.A. between 1920 and 1970 many thousands of 'orthodox' analysts (members of the International Psycho-Analytic Association), and tens of thousands of 'analytically oriented' therapists have treated patients running into the 6, 7 and even 8 figures, and the large number of failures and severe deteriorations one encounters almost daily in one's practice present a serious clinical problem. Iatrogenetically harmed patients are often in dire need of help, and the purpose of my article was to indicate that they can sometimes be successfully helped.

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